

DECLARATION OF Danna Drum
Regarding Immunization and Vaccines for Children

I, Danna Drum, declare as follows:

1. I am a resident of the State of Oregon. I am over the age of 18 and have personal knowledge of all the facts stated herein, except to those matters stated upon information and belief; as to those matters, I believe them to be true. If called as a witness, I could and would testify competently to the matters set forth below.

2. I am currently employed by the Oregon Health Authority (OHA) as Interim Deputy Director of the Public Health Division (PHD).

3. As Interim Deputy Director, I am responsible for: Serving as the second in command and back up leader to the state Public Health Director with ability to perform all statutory functions for her in her absence; leading division- and public health system-wide initiatives impacting the direction and budget for all division programs and operations with a focus on quality and elimination of health inequities; maintaining constant awareness of public health risks and opportunities; ensuring that the science and practice of public health are applied to programs, with science and community needs guiding the division's direction; and serving as senior advisor for the Public Health Director and division executive leadership team.

4. Our agency recently received two award terminations for multiple supplemental grants from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). Those supplements to the CDC-RFA-IP19-1901 Immunization and Vaccines for Children grant include:

A: 6 NH23IP922626-02-02 – COVID 1/CARES 2

B: 6 NH23IP922626-02-03 – COVID 2/CARES 3

C: 6 NH23IP922626-02-04 – COVID 3/CARES 4

D: 6 NH23IP922626-02-06 – COVID 4/CARES 5

E: 6 NH23IP922626-02-09 – COVID 3/CARES 4 Reallocation

The total value of the terminated awards was \$52,539,453. Individual amounts per Supplement are:

A: \$2,459,498

B: \$1,721,438

C: \$38,110,851

D: \$16,387,666

E: \$-6,140,000 (see Exhibit A NOA #6 NH23IP922626-02-09)

All terminations were “for cause” based on the end of the COVID pandemic, rather than failure of OHA to follow the terms or conditions of the grants. Each award termination uses the same identical form language stating:

*“**Termination:** The purpose of this amendment is to terminate the use of any remaining COVID-19 funding associated with this award. The termination of this funding is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of use of funding under the listed document number(s) is effective as of the date set out in your Notice of Award. Impacted document numbers are included on page 2 of this Notice of Award (NoA).*

No additional activities can be conducted, and no additional costs may be incurred, as it relates to these funds. Unobligated award balances of COVID-19 funding will be de-obligated by CDC. Award activities under other funding may continue consistent with the terms and conditions of the award.

Final Federal Financial Report (FFR, SF-425): *Within 30 days please submit final FFR's for impacted document numbers. The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.*

All other terms and conditions of this award remain in effect.”

Descriptions of each award and the effects of these terminations follow.

Table 1				
Supplement	NOA Award #	Document/Account #	Name	Notice of Award Date
A	6 NH23IP922626-02-02	20NH23IP922626C3	COVID 1/CARES 2	9/23/2020
B	6 NH23IP922626-02-03	20NH23IP922626C3	COVID 2/CARES 3	12/16/2020
C	6 NH23IP922626-02-04	20NH23IP922626C5	COVID 3/CARES 4	1/15/2021
D	6 NH23IP922626-02-06	20NH23IP922626C5	COVID 4/CARES 5	3/31/2021
E	6 NH23IP922626-02-09	20NH23IP922626C5	COVID 3/CARES 4 Reallocation	8/11/2021

5. In 2020, the Department of Health and Human Services, CDC invited applications from the 64 Immunization Services Awardees for the first of seven supplemental funding awards designed to plan for and address the COVID-19 pandemic.

6. Supplements A-D were awarded to first develop and implement a COVID-19 vaccination plan that included: prioritized groups for vaccination; communication to providers, partners, and the general public; enrollment of vaccination providers into Oregon's COVID-19 vaccine program; required vaccine storage and handling capacity; appropriate vaccine administration workflows and technique; and reporting of COVID-19 vaccine administration to the ALERT Immunization Information System. As COVID-19 vaccine became available in December 2020, funding was used to expand and support the number of immunization providers as well as the required infrastructure available to make COVID-19 vaccine accessible, including engaging in community partnerships and implementing new strategies to reach affected populations. A minimum of 10% of the total Supplement C funding was required to be allocated for high-risk and underserved populations, including racial and ethnic minority populations and rural communities. A minimum of 60% of total Supplement D funding was required to support local communities through local health departments, community-based organizations (CBOs), and/or community health centers (CHCs) to ensure greater access to COVID-19 vaccine by those disproportionately affected by COVID-19.

The only significant modification to allowable uses was to expand the allowable activities in support of all routinely recommended vaccines as long as COVID-19 vaccine was also included.

7. As set out in its grant proposal, OHA intended to use Supplements A-D to plan for and respond to the COVID-19 pandemic. This federal funding was critical for states to

enhance public health infrastructure, support vaccine distribution, expand COVID-19 testing, and mitigate the broader health and economic impacts of the pandemic. Supplements A-D were intended to support critical needs, including to:

- a. Strengthen state and local public health departments to manage outbreaks
- b. Increase surveillance and data collection to track COVID-19 spread
- c. Scale up contact tracing efforts to limit community transmission
- d. Provide personal protective equipment and medical supplies to frontline workers
- e. Support hospitals and healthcare providers facing surges in COVID-19 cases.
- f. Support vaccine distribution and administration
- g. Ensure equitable access to vaccines, particularly for underserved communities
- h. Educate the public on prevention measures, vaccine safety, and access to services
- i. Counter misinformation and built trust in public health initiatives

8. Submission of the workplan, budget, and supporting documentation for Supplement A was submitted to CDC in August 2020. Supplement A was awarded in September 2020 for a total of \$2,459,498 that was to be expended by July 2021. Supplement A was later extended until June 2025. Supplement B was submitted in December 2020 with all required documentation. A total of \$1,721,438 was awarded that was to be spent by June 2022, though it was later extended until June 2025. Supplement C was awarded January 2021 for a total of \$38,110,851, to be spent by June 2024 and then later extended until June 2025. Supplement D

was awarded March 2021 for a total of \$16,387,666 that was to be expended by June 2024, with an extension until June 2025. OHA notified by CDC in December 2024 of the opportunity to apply for a no cost extension to June 2027 for remaining funds. OHA submitted a request for the extension prior to the CDC deadline of February 28, 2025. Supplement E was a reallocation of \$6,140,000 from document 20NH23IP922626C5, see attached Notice of Award from August 2021.

9. On 09/23/2020, 12/16/2020, 1/15/2021, 03/31/2021, and 08/11/2021, CDC produced Notices of Award setting forth the terms and conditions of the grant award. True and correct copies of the corresponding Notices of Award and its attachments are attached as Exhibit A. As set forth therein, termination of the grant by CDC is permitted only as follows:

“CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))”

10. Since July 2020, OHA has used the COVID-19 Supplement grant funds in a manner fully consistent with CDC’s statements regarding the nature of the grant and OHA’s grant application.

11. OHA has used Supplements A-D to respond to the COVID-19 pandemic, strengthening the public health infrastructure, establishing and sustaining vaccination programs, and addressing on-going pandemic-related challenges. A high-level summary of activities conducted to date include efforts to:

- a. Expand and support Oregon's statewide immunization infrastructure by providing vaccine storage and handling equipment and supplies, including direct provision of equipment to all local health departments, the nine Federally Recognized Tribes, the Oregon Department of Corrections, fire and Emergency Medical Services organizations, and some Oregon Youth Authority sites. OHA also implemented a grant program reimbursing clinics enrolled in state-supplied vaccine programs (e.g., COVID-19, Vaccines for Children) with up to \$1,000 per clinic location for allowable vaccine storage and handling equipment.
- b. Ensure equitable distribution and administration of COVID-19 vaccines by enrolling a large and diverse assortment of COVID-19 vaccine providers that would provide widescale access across Oregon, particularly for those at highest risk of poor disease outcomes and other prioritized groups, such as residents of long-term care facilities, front line essential workers, individuals aged 75 years and older, those with high-risk medical conditions, people living in congregate settings, and Black, Hispanic, and Tribal/Indigenous communities who experienced higher rates of infection, hospitalization, and death.
- c. Monitor and improve access to COVID-19 vaccinations in underserved communities or communities of high social vulnerability through the use of Tableau ZIP Code data to identify pockets of vaccination needs among eligible populations, including data by race/ethnicity and age.

- d. Use the ALERT Immunization Information System (IIS), Oregon's statewide immunization registry, to support efficient COVID-19 vaccination, including developing consumer access to immunization records, providing daily COVID-19 inventory counts to Vaccine Finder, ensuring IIS data quality for vaccine inventory, orders, and doses administered, and providing timely and accurate reporting of vaccine administration, demographics, and other data.
- e. Ensure high quality and safe administration of COVID-19 vaccines by conducting site visits with enrolled COVID-19 immunization providers to examine vaccine administration practices, storage and handling equipment and processes, and capability to address adverse events, including anaphylaxis.
- f. Increase vaccine confidence through education, outreach, media campaigns, and other partnerships, including alternate language materials, videos, and radio broadcasts. Materials were distributed in 12 languages, with additional language options available upon request. The expertise of OHA's Accessibility Team has been utilized to ensure differently-abled people can access materials and other resources for science-based, accurate information about COVID-19 and the vaccines available.

OHA practice is to share a significant portion of funding with partners, adding state staff only when necessary to support community partners and infrastructure, and focus on systems development, modernization, and creating access to life saving vaccines. *A partial list of subrecipients and their use of funds follows:*

- a. Local Public Health Authorities (LPHAs) have held countless COVID-19 vaccination clinics throughout their respective jurisdictions, leveraging partnerships with local and regional health care partners, community-based organizations, businesses, schools, and other groups to make vaccine available where people already gather. LPHAs have increased vaccine confidence through the dissemination of science-based, accurate information and through culturally and linguistically responsive community outreach and education.
- b. The Nine Federally Recognized Tribes and Urban Indian Program in Oregon ensure access to COVID-19 vaccination sites and appointments by holding clinics in multiple location types and with flexible hours that are accessible to and frequented by the identified communities of focus. Community education, outreach, and awareness campaign have been conducted to increase vaccine confidence and acceptance of COVID-19 vaccination.
- c. Community-based organizations (CBOs) were funded to support culturally and linguistically responses services that leverage local trusted leaders to provide education and access to COVID-19 vaccine for groups such as people with disabilities, people who are houseless, persons with substance abuse issues, farm workers and refugees, faith communities, and communities of color who have been disproportionately impacted by the COVID-19 pandemic. 170 CBOs worked closely with OHA's vaccine operations team to hold vaccination events or add vaccination

opportunities to existing events and provided community members with educational materials and information in appropriate language formats, including materials to combat COVID-19 misinformation and increase vaccine confidence.

- d. CDC Foundation provides staffing to meet urgent essential personnel needs, including payroll reconciliation and grant budgeting activities; data quality expertise to develop and implement corrective strategies to improve the quality and completeness of incoming and outgoing data; and technical assistance to program partners who submit to or utilize the ALERT IIS.
- e. Gainwell Technologies, LLC hosts and maintains Oregon's cloud-based ALERT IIS and provides privacy and security enhancements, software updates, and maintenance of IIS national standards for IIS and interoperability with Electronic Health Record systems. ALERT IIS is a mission critical component of Oregon's statewide immunization infrastructure, utilized by health care providers, public health, Tribes, and more to guide patient care, track and improve vaccination rates, and ultimately reduce vaccine preventable diseases.
- f. Oregon Health and Science University is assessing parent/guardian knowledge, attitudes, and practices in requesting a nonmedical exemption to school required immunizations, including a literature review, parent/guardian survey, and interviews with interested participants.

- g. SHI International Corporation provides OHA's Learning Management System (LMS) that manages, hosts, and tracks live, on-demand and other critical trainings for Oregon's immunization providers.
- h. J Michael Consulting, LLC supports OHA's ALERT IIS replacement project by providing a documented list of as-is and to-be workflows and process flows for OHA's immunization surveillance and management activities across three related systems (ALERT IIS, Partner Organization Systems Tracking [POST], and Immunization Record Information System [IRIS]). This contract is also intended to provide a comprehensive list of system requirements needed to support to-be workflows for preparation of a Request for Proposal (RFP) to modernize the current ALERT IIS system.
- i. Legacy Health Systems maintains the statewide immunization coalition, Immunize Oregon, which provides outreach, communications, and education services that grow and strengthen the statewide coalition in order to mobilize health care providers, families, and other diverse partners in support of immunizations over a lifespan.
- j. 211 Info assists callers seeking immunization services and provides appropriate referral and general assistance with immunization recommendations, including applicable state and federal vaccine programs that support access based on insurance and other eligibility type.
- k. Covendis provides project management expertise to support OHA's business team for the ALERT IIS Replacement Project. Responsible for

coordinating with OHA project management team and OHA business team to verify business needs are represented in the project.

- l. Dayana Jaalouk provides pharmacist input and support to projects or workgroups that seek to expand or improve immunization services delivered in a retail, community, or hospital setting.
- m. Trina Stout provides professional document editing of critical, high visibility reports drafted by OHA staff.
- n. Slow Walk, LLC provides support to employees and management related to well-being, resilience, interpersonal dynamics, and leadership coaching, especially as related to emergent issues and critical events.

12. Funds Remaining for the COVID-19 Supplements A-D, set to end June 30, 2025, are as follows:

A: \$225,531.61

B: \$0.00

C: \$3,248,095.79

D: \$4,955,325.13

Without termination, remaining funds for OHA subrecipients would be used to continue the work detailed in Paragraph 11 above, including sustaining COVID-19 vaccination programs as part of routine public health services, maintaining and strengthening public health infrastructure, strengthening public health emergency preparedness, and addressing health disparities.

Funds are awarded to subrecipients in the following ways:

- a. Local Public Health Authorities (LPHAs) are paid out in lump sums for FY25 or in monthly or quarterly installments of the award left for FY25.
- b. The Nine Federally Recognized Tribes and Urban Indian Program are paid out in lump sums for FY25 or in monthly or quarterly installments of the award left for FY25.
- c. CDC Foundation Staffing, paid monthly through State of Oregon's Statewide Financial Management System (SFMS) based on the hours worked by the two staff on the contract.
- d. Gainwell Technologies LLC paid monthly based on deliverables through SFMS.
- e. Oregon Health and Science University, paid half after first task completion and equal monthly installments after.
- f. SHI International Corporation is paid in a lump sum through SFMS during renewal process.
- g. J Michael Consulting, paid based on contract deliverables through SFMS.
- h. Covendis, paid monthly based on deliverables through State of Oregon's Office of Information Services.
- i. Dayana Jaalouk, paid based on contract deliverables through SFMS.
- j. Trina Stout, paid based on hours worked through SFMS.
- k. Slow Walk, LLC, paid 30% after first task completion and equal monthly installments after.
- l. Immunization Program Limited Duration and Permanent Staffing, which is paid monthly through State of Oregon's payroll.

13. Since the Oregon Immunization Program's inception, even before the Vaccines for Children (VFC) program was implemented in 1995, the program has had just four Section

Managers. The current Section Manager has been employed by the program since 1998, first as the VFC manager for 20 years, and now as the Section Manager for the last five years. At every formal compliance review (known as “Site Visits”), the program has performed to the satisfaction of the funder. Each site visit is followed by a formal Technical Review. See Attachment B for most recent site visit technical review and response. Additionally, the Program is and has been audited as a part of the Statewide Single Audit approximately every three years. In each case the Program has been found to perform according to the Federal Office of Management and Budget guidance. Any and all findings were resolved in a timely manner, none were identified as question costs, and none resulted in material non-compliance.

14. OHA has received numerous notices and approvals to extend and/or repurpose funds from these supplements for non-COVID specific needs. Two examples from Supplement D:

- a. Allowable activities were expanded to include activities in support of all routinely recommended immunizations, as long as COVID-19 vaccine was included in said activities.
- b. Award end date was extended from June 2024 to June 2025 by CDC, with no action required by OHA.

15. On March 25, 2025, without any prior notice or indication, CDC informed OHA that effective March 24, 2025, Supplements A through E were being terminated retroactively effective March 24, 2025. A true and correct copy of the grant award termination notices are attached as Exhibit C.

16. According to the NOAs, this termination was due to “The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and

cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out.” No additional information or clarification has been provided.

17. Three separate notices were received in rapid order on Tuesday, March 25, 2025 (Exhibit C). The second described an error made in the first, and the third had no clarification. Additionally, the terminations were for only some of the supplements, and also for pieces but not entire supplements.

18. OHA relied and acted upon its expectation and understanding that HHS would fulfill its commitment OR to provide COVID-19 - CARES Supplemental Component funding it had awarded to OHA. Additionally, on December 20, 2024, OHA received notice that the OHA was invited to apply for a No Cost Extension (NCE) of funding through no later than June 30, 2027. OHA applied for a NCE on January 16, 2025. OHA received no indication that the awards would terminate prior to the grant agreement date of June 30, 2025. OHA received no indication that its request for a NCE would be denied. The notices terminated funds that had been obligated completely to contracts, sub recipients, and staffing. The retroactive termination has resulted in immediate and harmful stops to work including agency mission critical functions, the unexpected layoff of at least 12 employees. The termination puts at immediate risk the ongoing operations of the Vaccines for Children program, potentially stopping the flow of vaccines to providers (both routine distribution and emergency outbreak response action).

19. While the assessment of harm is ongoing, these are known to have already occurred or will occur imminently:

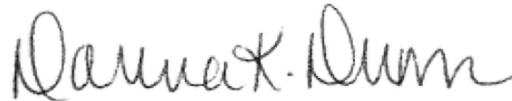
- a. Any loss of funding to ALERT IIS, a mission critical part of the immunization infrastructure in Oregon, would harm the entire immunization ecosystem in the state. Health care providers, public health, and Tribes utilize ALERT IIS for consolidation of immunization data from medical and pharmacy systems into one reliable source. The information is used to guide patient care, track and improve vaccination rates, and ultimately reduce vaccine-preventable diseases. Important technological upgrades to meet accessibility standards, incorporate a public access portal, and meet the needs for state and local partners completing the annual school immunization requirements would be significantly delayed or derailed entirely.
- b. OHA and subrecipients will lose funding that supports essential vaccine-preventable disease work, including funding for clinics in local and Tribal communities where COVID-19 and other vaccines are offered, training to keep health care providers up to date, education for community partners on the importance of immunizations, help desk support for health care providers and the general public, and information materials in multiple languages to meet specific community needs.
- c. The abrupt stop to work by Oregon's Local Public Health Authorities, the Tribes and other subrecipients will cause harm to those they serve and will make access to clinical immunization services and vaccine education through those agencies near impossible for the foreseeable future. Additionally, many employees will immediately lose their jobs.

d. The end to the 211 Contract means adults looking for access to clinical immunization services will not be served.

20. Prior to the grant award retroactive termination notice received on March 25, 2025, CDC had never provided OHA with notice, written or otherwise, that the grant administered by OHA was in any way unsatisfactory. To the contrary, CDC issued notice that awardees were invited to request a no cost extension for up to two years.

I declare under penalty of perjury under the laws of the United States that, to the best of my knowledge, the foregoing is true and correct.

Executed on March 28, 2025, at Portland, Oregon.

A handwritten signature in cursive script, appearing to read "Danina K. Drum", written in dark ink.

DANNA DRUM

**Recipient Information****1. Recipient Name**

OREGON HEALTH AUTHORITY
500 SUMMER ST NE E32
SALEM, OR 97301-1063
[NO DATA]

2. Congressional District of Recipient
05**3. Payment System Identifier (ID)**
1936001752A2**4. Employer Identification Number (EIN)**
936001752**5. Data Universal Numbering System (DUNS)**
878144021**6. Recipient's Unique Entity Identifier (UEI)**
HFJRBHKCBPR5**7. Project Director or Principal Investigator**

Ms. Lydia Luther
Immunization Program Manager
lydia.m.luther@dhsosha.state.or.us
971-673-0296

8. Authorized Official

Ms. Nadia A. Davidson
Director of Finance
Nadia.a.davidson@oha.oregon.gov
503-798-6020

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Percy Jernigan
ibj7@cdc.gov
770.488.2811

10. Program Official Contact Information

Hilary Oliphant
Public Health Advisor
hbo1@cdc.gov
770-488-3973

Federal Award Information**11. Award Number**

6 NH23IP922626-05-09

12. Unique Federal Award Identification Number (FAIN)

NH23IP922626

13. Statutory Authority

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

14. Federal Award Project Title

CDC-RFA-IP19-1901 Immunization and Vaccines for Children

15. Assistance Listing Number

93.268

16. Assistance Listing Program Title

Immunization Cooperative Agreements

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2023 - **End Date** 03/24/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$245,738.00

23. Total Amount of Federal Funds Obligated this budget period \$17,661,575.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$17,661,575.00

26. Period of Performance Start Date 07/01/2019 - **End Date** 03/24/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$128,134,893.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Percy Jernigan

30. Remarks

Department Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922626-05-09

FAIN# NH23IP922626

Federal Award Date: 03/24/2025

Recipient Information**Recipient Name**

OREGON HEALTH AUTHORITY
500 SUMMER ST NE E32
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[NO DATA]

Congressional District of Recipient

05

Payment Account Number and Type

1936001752A2

Employer Identification Number (EIN) Data

936001752

Universal Numbering System (DUNS)

878144021

Recipient's Unique Entity Identifier (UEI)

HFJRBHKCBPR5

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$4,927,088.00
b. Fringe Benefits	\$2,685,598.00
c. Total Personnel Costs	\$7,612,686.00
d. Equipment	\$0.00
e. Supplies	\$23,041.00
f. Travel	\$392,016.00
g. Construction	\$0.00
h. Other	\$1,905,493.00
i. Contractual	\$5,991,864.00
j. TOTAL DIRECT COSTS	\$15,925,100.00
k. INDIRECT COSTS	\$1,982,213.00
l. TOTAL APPROVED BUDGET	\$17,907,313.00
m. Federal Share	\$17,907,313.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390FG3	20NH23IP922626C3	IP	41.51	93.268	\$0.00	75-2024-0943
1-9390GKL	20NH23IP922626C5	IP	41.51	93.268	\$0.00	75-2124-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922626-05-09

FAIN# NH23IP922626

Federal Award Date: 03/24/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

OREGON HEALTH AUTHORITY

6 NH23IP922626-05-09

1. Terms & Conditions

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate the use of any remaining COVID-19 funding associated with this award. The termination of this funding is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of use of funding under the listed document number(s) is effective as of the date set out in your Notice of Award.

Impacted document numbers are included on page 2 of this Notice of Award (NoA).

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Final Federal Financial Report (FFR, SF-425): Within 30 days please submit final FFR’s for impacted document numbers. The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

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HFJRBHKBPR5**7. Project Director or Principal Investigator**

Ms. Lydia Luther
Immunization Program Manager
lydia.m.luther@dhsosha.state.or.us
971-673-0296

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Director of Finance
Nadia.a.davidson@oha.oregon.gov
503-798-6020

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CDC Office of Financial Resources

9. Awarding Agency Contact Information

Percy Jernigan
ibj7@cdc.gov
770.488.2811

10. Program Official Contact Information

Hilary Oliphant
Public Health Advisor
hbo1@cdc.gov
770-488-3973

Federal Award Information**11. Award Number**

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NH23IP922626

13. Statutory Authority

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

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Immunization Cooperative Agreements

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2023 - **End Date** 06/30/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$245,738.00

23. Total Amount of Federal Funds Obligated this budget period \$17,661,575.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$17,661,575.00

26. Period of Performance Start Date 07/01/2019 - **End Date** 06/30/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$128,134,893.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Percy Jernigan

30. Remarks

This is an internal administrative action. No action is required from the recipient.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922626-05-10

FAIN# NH23IP922626

Federal Award Date: 03/25/2025

Recipient Information**Recipient Name**

OREGON HEALTH AUTHORITY
500 SUMMER ST NE E32
SALEM, OR 97301-1063
[NO DATA]

Congressional District of Recipient

05

Payment Account Number and Type

1936001752A2

Employer Identification Number (EIN) Data

936001752

Universal Numbering System (DUNS)

878144021

Recipient's Unique Entity Identifier (UEI)

HFJRBHKCBPR5

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$4,927,088.00
b. Fringe Benefits	\$2,685,598.00
c. Total Personnel Costs	\$7,612,686.00
d. Equipment	\$0.00
e. Supplies	\$23,041.00
f. Travel	\$392,016.00
g. Construction	\$0.00
h. Other	\$1,905,493.00
i. Contractual	\$5,991,864.00
j. TOTAL DIRECT COSTS	\$15,925,100.00
k. INDIRECT COSTS	\$1,982,213.00
l. TOTAL APPROVED BUDGET	\$17,907,313.00
m. Federal Share	\$17,907,313.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-9390BKG	19NH23IP922626	IP	41.51	93.268	\$0.00	75-75-X-0512-009



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922626-05-10

FAIN# NH23IP922626

Federal Award Date: 03/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

**Subject:** BP & PoP date correction.Communication Type: Correspondence  Category: Bulk Message**AUTHOR****MESSAGE****DATE / TIME****ACTIONS**

Shirley Byrd

On yesterday, March 24, 2025, CDC issued Notices of Award to terminate certain COVID-19 funding, as directed. During that process, the Budget Period and Period of Performance dates were inadvertently changed to March 24, 2025 for the entire award. This was done in error and will be corrected by COB today. Thank you, Office of Grant Services

03/25/2025
01:21 PM EST

**Recipient Information****1. Recipient Name**

Oregon Health Authority, Public Health Division
500 SUMMER ST NE E32
SALEM, OR 97301-1063
[NoPhoneRecord]

2. Congressional District of Recipient

05

3. Payment System Identifier (ID)

1936001752A2

4. Employer Identification Number (EIN)

936001752

5. Data Universal Numbering System (DUNS)

878144021

6. Recipient's Unique Entity Identifier**7. Project Director or Principal Investigator**

Ms. Lydia Luther
Immunization Program Manager
lydia.m.luther@dhsosha.state.or.us
971-673-0296

8. Authorized Official

Ms. Carole L. Yann
Director of Fiscal and Business Operations
CAROLE.L.YANN@dhsosha.state.or.us
971-673-1079

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Freda Johnson
wve2@cdc.gov
770.488.3107

10. Program Official Contact Information

Divya Cassity
PBEMB CoAg Specialist
kyq4@cdc.gov
404.718.8962

Federal Award Information**11. Award Number**

6 NH23IP922626-02-06

12. Unique Federal Award Identification Number (FAIN)

NH23IP922626

13. Statutory Authority

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

14. Federal Award Project Title

CDC-RFA-IP19-1901 Immunization and Vaccines for Children

15. Assistance Listing Number

93.268

16. Assistance Listing Program Title

Immunization Cooperative Agreements

17. Award Action Type

Supplement

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2020 - **End Date** 06/30/2021

20. Total Amount of Federal Funds Obligated by this Action \$38,627,576.00

20a. Direct Cost Amount \$38,627,576.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$47,862,640.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$86,490,216.00

26. Project Period Start Date 07/01/2019 - **End Date** 06/30/2024

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period \$94,593,863.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Brownie Anderson-Rana
Grants Management Officer

30. Remarks

This funding supports the activities under COVID-19 Vaccination Supplement 4 (April 2021).



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922626-02-06

FAIN# NH23IP922626

Federal Award Date: 03/31/2021

Recipient Information**Recipient Name**

Oregon Health Authority, Public Health Division
500 SUMMER ST NE E32
SALEM, OR 97301-1063
[NoPhoneRecord]

Congressional District of Recipient

05

Payment Account Number and Type

1936001752A2

Employer Identification Number (EIN) Data

936001752

Universal Numbering System (DUNS)

878144021

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Cooperative Agreement

32. Type of Award

Demonstration

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,907,514.00
b. Fringe Benefits	\$1,030,060.00
c. Total Personnel Costs	\$2,937,574.00
d. Equipment	\$0.00
e. Supplies	\$13,961.00
f. Travel	\$69,509.00
g. Construction	\$0.00
h. Other	\$78,364,802.00
i. Contractual	\$4,695,561.00
j. TOTAL DIRECT COSTS	\$86,081,407.00
k. INDIRECT COSTS	\$995,184.00
l. TOTAL APPROVED BUDGET	\$87,076,591.00
m. Federal Share	\$86,490,216.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GKL	20NH23IP922626C5	IP	41.51	\$16,387,666.00	75-2124-0943
1-9390GWA	20NH23IP922626C6	IP	41.51	\$22,239,910.00	75-X-0943

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922626-02-06

FAIN# NH23IP922626

Federal Award Date: 03/31/2021

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

Oregon Health Authority, Public Health Division

6 NH23IP922626-02-06

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number IP19- 1901, entitled, *Immunization and Vaccines for Children*, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Supplemental Component Funding: Additional funding in the amount \$38,627,576 is approved for the Year 02 budget period, which is July 1, 2020 through June 30, 2021.

Recipients have until June 30, 2024 to expend all COVID-19 funds herein and previously funded.

Overtime: Because overtime costs are a very likely and reasonable expense during the response to COVID-19, CDC will allow recipients to include projected overtime in their budgets. Recipients should be careful to estimate costs based on current real-time needs and will still be required to follow federal rules and regulations in accounting for the employees' time and effort.

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or the Consolidated Appropriations Act, 2021, Division M - Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260), the American Rescue Plan Act of 2021 (P.L. 117-2) agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS- CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting [guidance](https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf) is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

Unallowable Costs:

- Research

- Clinical care
- Publicity and propaganda (lobbying):
 - o Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
 - o See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients:
https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf
- All unallowable costs cited in CDC-RFA-IP19-1901 remain in effect, unless specifically amended in this guidance, in accordance with 45 CFR Part 75 - Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards.

COVID-19 Funding Budget Revision Requirement: The recipient must submit a revised budget with a narrative justification within 60 days of receipt of the Notice of Award. If the date falls on a weekend or holiday, the submission will be due the following business day. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Awarding Agency Contact Information section on the first page before the due date.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Wayne Woods, Grants Management Specialist Centers for Disease Control and Prevention
Branch 1
2939 Flowers Road, MS-TV-2 Atlanta, GA 30341
Email: kuv1@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)
AND

U.S. Department of Health and Human Services Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator 3301 Independence Avenue, SW
Cohen Building, Room 5527 Washington, DC 20201
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email:
MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1- 800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of **Page 2** of the Notice of Award must be known to draw down funds.

Stewardship: The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

2022 - 2023 AWARDEE RESPONSE TO RECOMMENDATIONS

Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Immunization Services Division is charged with the fiduciary responsibility of monitoring and tracking the progress of all awardee applications for funds.

In accordance with this legal requirement, the Immunization Program is hereby requested to submit a Response to Recommendations addressing each of the recommendations being made by the Project Officer conducting this site visit.

The Response to Recommendations should be submitted electronically to the Project Officer within thirty (30) days after receipt of this report.

Please use the following format:

Immunization Program
Response to Recommendations
CDC/ISD/POB Technical Assistance Site Visit
Start Date: 10/23/2024
End Date: 10/25/2024

Chapter	Recommendation	Awardee Action(s) to be Taken	Responsible Person(s)	Completion Date /Comments
Chapter B Effectiveness	Develop, implement, or maintain data use agreements (DUA) that will allow CDC's NIS contractor to use selected patient information from children in the IIS (e.g., age) to	No work has been completed in BY5_EXT due to staffing limitations.	Jenne McKibben	December 31, 2025

Chapter	Recommendation	Awardee Action(s) to be Taken	Responsible Person(s)	Completion Date /Comments
	more efficiently sample households to conduct the NIS.	Team will incorporate this action into the BP1 Implementation Plan for the new Cooperative Agreement.		
Chapter C Vaccine Access	Recommend updating internal policies and procedures annually (at minimum) and/or when the latest VFC Operations Guide is released.	<p>Formerly CDC required annual awardee policies and procedures updates have been put on hold due to staffing and resource support.</p> <p>For providers:</p> <p>OIP publishes our Vaccine Management Guide which contains information on all federal and state VFC provider requirements whenever changes occur.</p> <p>For staff:</p> <p>OIP has numerous internal policies and procedures on Medicaid Fraud and Abuse, along with multiple other staff related VFC policies and procedures. These will be reviewed and updated in the first two quarters of the coming</p>	Irma Murauskas	12/30/2026

Chapter	Recommendation	Awardee Action(s) to be Taken	Responsible Person(s)	Completion Date /Comments
		budget year as outlined in the new Cooperative Agreement.		
	Continue to collaborate with CDC on the development of a VFC restitution plan, that includes doses administered.	Oregon is awaiting direction on next steps for VFC restitution, including doses administered. Oregon has submitted data to VSAB, PO and VFC. The last email exchange was 12/4/2024. Report wasted, spoiled and expired doses in annual Vaccine Management Survey.	Erin Corrigan	Ongoing VAMS submitted 1/10/25
	OR is currently reviewing finance models to determine new purchase order process. CDC recommends OIP decide on a vaccine finance model that works best for Oregon.	PO recommendations are in bold blue font. -Suggest keeping 3 months of purchase order balance for state. OR Response: OR attempts to order quarterly per CDC guidance. Challenges with the viability of vaccine shipped by our vaccine distributor in Nov-Dec 2024 have led to delays. - Continue discussion with PO, VFC, VSAB on alternative	Erin Corrigan	Ongoing Ongoing (monthly)

Chapter	Recommendation	Awardee Action(s) to be Taken	Responsible Person(s)	Completion Date /Comments
		<p>vaccine finance models and blended inventories.</p> <p>OR Response: Meetings with PO, VFC and VSAB are held monthly.</p>		
	None noted, please review the Action items in the Project Officer Comments.	<p>PO recommendations are in bold blue font.</p> <p>Recommend utilizing provider noncompliance analysis (PCNA) to discuss issues with providers found during site visits (in real time) rather than bringing it back to the program and delaying submission</p> <p>CDC will be evaluating the PNCA process and request participation from OR site visit reviewer staff to share experiences. CDC will follow up with OR during recruitment.</p> <p>OR Response: OIP Site Visit team is launching a QI project intended to assess site visit closures + base line</p>	Irma Murauskas	Assessment complete by June 30, 2025. Implementation of rapid cycle improvement testing, 12/30/2025

Chapter	Recommendation	Awardee Action(s) to be Taken	Responsible Person(s)	Completion Date /Comments
		data, identify barriers to real time SV submission, identify and test potential solutions to improve site visit closure rates. Implementation of improvement is included in the new Cooperative Agreement.		
	None noted, please review the Action items in the Project Officer Comments.	<p>PO recommendations are in bold blue font.</p> <p>CDC Recommends calibration testing be done every one to two years from the date the certificate was issued. (per Ops Guide, awardee-purchases devices must be tested every 2-3 years.)</p> <p>OR Response: Oregon has no awardee-purchased data loggers. Requirement for Oregon providers is to test for calibration at least once every 24 months or per manufacturer specifications. Calibration certificates are checked at each site visit, every 18-24 months.</p>	Irma Murauskas, Erin Corrigan	Ongoing Ongoing

Chapter	Recommendation	Awardee Action(s) to be Taken	Responsible Person(s)	Completion Date /Comments
		<p>Recommend holding order for non-compliance with data loggers/certs if awardee doesn't do so already.</p> <p>OR Response: Providers who do not have functioning data loggers are not allowed to order. Providers who do not have current certificates of calibration (within the past 24 months) have 30 days to comply before they are suspended from ordering.</p>		
Chapter D IIS	OIP IIS team meet with OR legal team to get the DUA reviewed and signed. If needed, contact the CDC IIS SME to set up a meeting between CDC and OR legal to get questions and concerns addressed ASAP.	<p>In accordance with the DUA, ALERT IIS submitted monthly aggregate data to CDC as scheduled beginning on Sept 9, 2024. Submissions will continue monthly through June 30, 2025.</p> <p>OIP IIS team met with CDC IIS SME to address questions around the DUA effective date raised by Oregon DOJ. OIP is continuing to work with the Oregon DOJ for final approval prior to</p>	Mike Day	<p>Ongoing</p> <p>Expected Q1 2025</p>

Chapter	Recommendation	Awardee Action(s) to be Taken	Responsible Person(s)	Completion Date /Comments
		signing, and this is still expected in Q1, 2025.		
Chapter F QI	None noted, please review the Action items in the Project Officer Comments.	Oregon IQIP will continue seeking out and leveraging opportunities to strengthen relationships with partners throughout Oregon and promote IQIP program among VFC Providers at every touchpoint.	Albert Koroloff	Ongoing
Chapter H Perinatal	None noted, please review the Action items in the Project Officer Comments.	<p>PO recommendations are in bold blue font.</p> <p>Suggest building out internal dashboard to include all PHBPP required program strategies.</p> <p>Project Officer recommendation is noted. Epidemiology and data team will evaluate the feasibility of a Peri Hep B program dashboard with the possibility of including it in the next grant period.</p>	Rex Larsen	2/4/2025

Chapter	Recommendation	Awardee Action(s) to be Taken	Responsible Person(s)	Completion Date /Comments
Chapter L Adult	None noted, please review the Action items in the Project Officer Comments.	<p>PO will include the Adult IZ SME on the Vaccine Finance call.</p> <p>OR will send strategies that show work on special populations and minority group.</p>	Carrie Caldwell	<p>Adult Immunization SME has not been included on Vaccine Finance call.</p> <p>February 28, 2025</p>

AWARDEE PROGRAM MANAGER APPROVAL	
Name: Mimi Luther	Email: lydia.m.luther@oha.oregon.gov
Signature:	Date: February 5, 2025

PROJECT OFFICER APPROVAL	
Name: Hilary Oliphant	Email: hbo1@cdc.gov
Signature:	Date:

**Recipient Information****1. Recipient Name**

OREGON HEALTH AUTHORITY
500 SUMMER ST NE E32
SALEM, OR 97301-1063
[NO DATA]

2. Congressional District of Recipient
05**3. Payment System Identifier (ID)**
1936001752A2**4. Employer Identification Number (EIN)**
936001752**5. Data Universal Numbering System (DUNS)**
878144021**6. Recipient's Unique Entity Identifier (UEI)**
HFJRBHKBPR5**7. Project Director or Principal Investigator**

Ms. Lydia Luther
Immunization Program Manager
lydia.m.luther@dhsosha.state.or.us
971-673-0296

8. Authorized Official

Ms. Nadia A. Davidson
Director of Finance
Nadia.a.davidson@oha.oregon.gov
503-798-6020

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Percy Jernigan
ibj7@cdc.gov
770.488.2811

10. Program Official Contact Information

Hilary Oliphant
Public Health Advisor
hbo1@cdc.gov
770-488-3973

Federal Award Information**11. Award Number**

6 NH23IP922626-05-09

12. Unique Federal Award Identification Number (FAIN)

NH23IP922626

13. Statutory Authority

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

14. Federal Award Project Title

CDC-RFA-IP19-1901 Immunization and Vaccines for Children

15. Assistance Listing Number

93.268

16. Assistance Listing Program Title

Immunization Cooperative Agreements

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	07/01/2023	- End Date	03/24/2025
20. Total Amount of Federal Funds Obligated by this Action	\$0.00		
20a. Direct Cost Amount	\$0.00		
20b. Indirect Cost Amount	\$0.00		
21. Authorized Carryover	\$0.00		
22. Offset	\$245,738.00		
23. Total Amount of Federal Funds Obligated this budget period	\$17,661,575.00		
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		
25. Total Federal and Non-Federal Approved this Budget Period	\$17,661,575.00		
26. Period of Performance Start Date	07/01/2019	- End Date	03/24/2025
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$128,134,893.00		

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Percy Jernigan

30. Remarks

Department Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES

2887

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922626-05-09

FAIN# NH23IP922626

Federal Award Date: 03/24/2025

Recipient Information**Recipient Name**

OREGON HEALTH AUTHORITY
500 SUMMER ST NE E32
SALEM, OR 97301-1063
[NO DATA]

Congressional District of Recipient

05

Payment Account Number and Type

1936001752A2

Employer Identification Number (EIN) Data

936001752

Universal Numbering System (DUNS)

878144021

Recipient's Unique Entity Identifier (UEI)

HFJRBHKCBPR5

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$4,927,088.00
b. Fringe Benefits	\$2,685,598.00
c. Total Personnel Costs	\$7,612,686.00
d. Equipment	\$0.00
e. Supplies	\$23,041.00
f. Travel	\$392,016.00
g. Construction	\$0.00
h. Other	\$1,905,493.00
i. Contractual	\$5,991,864.00
j. TOTAL DIRECT COSTS	\$15,925,100.00
k. INDIRECT COSTS	\$1,982,213.00
l. TOTAL APPROVED BUDGET	\$17,907,313.00
m. Federal Share	\$17,907,313.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390FG3	20NH23IP922626C3	IP	41.51	93.268	\$0.00	75-2024-0943
1-9390GKL	20NH23IP922626C5	IP	41.51	93.268	\$0.00	75-2124-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922626-05-09

FAIN# NH23IP922626

Federal Award Date: 03/24/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

OREGON HEALTH AUTHORITY

6 NH23IP922626-05-09

1. Terms & Conditions

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate the use of any remaining COVID-19 funding associated with this award. The termination of this funding is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of use of funding under the listed document number(s) is effective as of the date set out in your Notice of Award.

Impacted document numbers are included on page 2 of this Notice of Award (NoA).

No additional activities can be conducted, and no additional costs may be incurred, as it relates to these funds. Unobligated award balances of COVID-19 funding will be de-obligated by CDC. Award activities under other funding may continue consistent with the terms and conditions of the award.

Final Federal Financial Report (FFR, SF-425): Within 30 days please submit final FFR’s for impacted document numbers. The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

All other terms and conditions of this award remain in effect.

**Recipient Information****1. Recipient Name**

OREGON HEALTH AUTHORITY
500 SUMMER ST NE E32
SALEM, OR 97301-1063
[NO DATA]

2. Congressional District of Recipient
05**3. Payment System Identifier (ID)**
1936001752A2**4. Employer Identification Number (EIN)**
936001752**5. Data Universal Numbering System (DUNS)**
878144021**6. Recipient's Unique Entity Identifier (UEI)**
HFJRBHKBPR5**7. Project Director or Principal Investigator**

Ms. Lydia Luther
Immunization Program Manager
lydia.m.luther@dhsosha.state.or.us
971-673-0296

8. Authorized Official

Ms. Nadia A. Davidson
Director of Finance
Nadia.a.davidson@oha.oregon.gov
503-798-6020

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Percy Jernigan
ibj7@cdc.gov
770.488.2811

10. Program Official Contact Information

Hilary Oliphant
Public Health Advisor
hbo1@cdc.gov
770-488-3973

Federal Award Information**11. Award Number**

6 NH23IP922626-05-10

12. Unique Federal Award Identification Number (FAIN)

NH23IP922626

13. Statutory Authority

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

14. Federal Award Project Title

CDC-RFA-IP19-1901 Immunization and Vaccines for Children

15. Assistance Listing Number

93.268

16. Assistance Listing Program Title

Immunization Cooperative Agreements

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2023 - **End Date** 06/30/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$245,738.00

23. Total Amount of Federal Funds Obligated this budget period \$17,661,575.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$17,661,575.00

26. Period of Performance Start Date 07/01/2019 - **End Date** 06/30/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$128,134,893.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Percy Jernigan

30. Remarks

This is an internal administrative action. No action is required from the recipient.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922626-05-10

FAIN# NH23IP922626

Federal Award Date: 03/25/2025

Recipient Information**Recipient Name**

OREGON HEALTH AUTHORITY
500 SUMMER ST NE E32
SALEM, OR 97301-1063
[NO DATA]

Congressional District of Recipient

05

Payment Account Number and Type

1936001752A2

Employer Identification Number (EIN) Data

936001752

Universal Numbering System (DUNS)

878144021

Recipient's Unique Entity Identifier (UEI)

HFJRBHKCBPR5

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$4,927,088.00
b. Fringe Benefits	\$2,685,598.00
c. Total Personnel Costs	\$7,612,686.00
d. Equipment	\$0.00
e. Supplies	\$23,041.00
f. Travel	\$392,016.00
g. Construction	\$0.00
h. Other	\$1,905,493.00
i. Contractual	\$5,991,864.00
j. TOTAL DIRECT COSTS	\$15,925,100.00
k. INDIRECT COSTS	\$1,982,213.00
l. TOTAL APPROVED BUDGET	\$17,907,313.00
m. Federal Share	\$17,907,313.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-9390BKG	19NH23IP922626	IP	41.51	93.268	\$0.00	75-75-X-0512-009



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922626-05-10

FAIN# NH23IP922626

Federal Award Date: 03/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

**Subject:** BP & PoP date correction.Communication Type: Correspondence  Category: Bulk Message

AUTHOR	MESSAGE	DATE / TIME	ACTIONS
Shirley Byrd	On yesterday, March 24, 2025, CDC issued Notices of Award to terminate certain COVID-19 funding, as directed. During that process, the Budget Period and Period of Performance dates were inadvertently changed to March 24, 2025 for the entire award. This was done in error and will be corrected by COB today.Thank you,Office of Grant Services	03/25/2025 01:21 PM EST	